

Everywhere, at the present time, the movement is on foot to erect barriers to prevent the sale to the laity of habit-forming drugs. In our own state the Board of Pharmacy has been very active in arresting and prosecuting pharmacists who have violated the law and sold habit-forming drugs to people without a physician's prescription. They have done splendid work and in almost every instance they have secured convictions. It is good work and should receive our most hearty support and commendation. But the board is handicapped by two things. One is the refilling of prescriptions, to prevent which there is, at the present time, no law. The other is a condition humiliating to mention; it is the existence of a certain few most despicable physicians who make it a business to write prescriptions for dope fiends. Fortunately, there are not many such, but there are a few and in some sections they work havoc with the honest efforts of the Pharmacy Board to stamp out the sale of drugs of this class. Is there not some way in which these vilest of human beings, who betray their trust and wreck human lives where they have undertaken to save them, can be reached? It would seem as though there ought to be some way of getting at these fiends and putting a stop to the criminal debauch of their profession—and ours. They bring contempt upon us all, and ignominy upon our profession. We can certainly aid the board in passing a law preventing the indiscriminate refilling of prescriptions, but is there nothing that we can do to purge our profession of these dastardly disgraces to it? Any suggestions will be more than welcome.

WHAT IS A PRACTICAL EXAMINATION IN ANATOMY?

By DAIN L. TASKER, D. O., Los Angeles.

We often hear the remark, made by those who are expecting to take the examination of the State Board, that if the examinations were practical they would have no difficulty in passing. That word "practical" is a hard word to define. "Practical Medicine" is a phrase frequently used by men of all schools. It is needless to note that what is considered practical medicine by one medical sect receives scant valuation by another.

Probably each examiner tries according to his understanding to give a practical examination. The examinations in anatomy have been evolved after much thought. The results of these examinations furnish some interesting facts for the consideration of the profession at large. Since it is not necessary to argue that a physician should be acquainted with the structure of the body I will merely analyze some of the results of the test given August 4th of this year.

Anatomy as given us in elaborate description by Gray, Morris, Gerrish, and others, leaves us surfeited with details of word analysis but usually without practice in coordinating series of facts, therefore our knowledge of this important subject slips from us under the attack of new subjects usually classed as "practical."

Since our board is non-sectarian and has no duty to perform in the matter of catechising the applicants as to medical theories, questions should be made to touch the common understanding of fundamental subjects at their most important points. It is easy enough to state this proposition but difficult to put it into practice.

Every practitioner is likely to meet cases of internal or external hydrocephalus, meningitis, or other conditions calling for some knowledge of the meninges and the spaces containing cerebro-spinal fluid. It seemed that the question, "Describe the subarachnoid space and its connection with the ventricles," would serve to bring out those larger facts which ought always to be remembered. Many of the answers were very surprising. The general average of the 140 applicants on this question was 6.4+. Since I do not know who wrote the answers I quote some of them here on account of the general interest they may arouse in the subject of better teaching of anatomy in our colleges. Out of the great wealth of more or less profound misconceptions furnished me in the answers, the following eight are good examples:

1. "It bears direct relation to ventricles via velum interpositum which is a prolongation of the choroid plexus—spinal fluid being drained and passing thence through subarachnoid space in direct communication with spinal cord thence down spinal canal."
2. "Subarachnoid space is that space lying beneath the subarachnoid membrane and above the pia mater and contains the blood vessels and lymphatics which go to supply the brain substance, also the cerebro-spinal fluid circulating here can easily diffuse through the pia mater into the ventricles of the brain thereby causing an equilibrium of the hemispheres of the brain within the skull. The cerebro-spinal fluid is obtained from the diffusion from the vessels and lymphatics, which when the subarachnoid space is emptied of fluid by lumbar puncture it immediately refills from the vessels."
3. "Subarachnoid space lies at the base of and between the hemispheres of the brain and opens into the ventricles."
4. "The subarachnoid space is the space occupied by the longitudinal sinus and which dips between the ventricles allowing the blood more room in the sinus."
5. "The central canal of the cord is the remains of the neural canal of the germinal vesicle. Forms a direct communication through the entire length of the cord and the fourth ventricle which is an expanded portion of the canal. The two lateral ventricles communicate with the fourth by the third ventricle. The canal terminates in the cauda equina of the cord where it connects with the subarachnoid space."
6. "The subarachnoid space lies between the closely investing pia mater membrane and the thinly spread arachnoid. The communication is through the central canal of the cord up through third and fourth ventricles and two lateral ventricles."
7. "Subarachnoid space is the interval between